

DRAFT CHARGE

Restructuring Initiative Workgroup

A. BACKGROUND

In 1995-1996, the Indian Health Design Team (IHDT) guided the process for designing a new Indian Health Service (IHS) by issuing recommendations in their November 1995 and January 1997 reports, "Design for a New IHS." The IHDT design process was the first attempt in 40 years to change the overall structure of the IHS to make it work better for Indian people. The process to develop functional and structural recommendations was based on partnership with and participation by American Indian and Alaska Native people to reflect Indian country priorities. It was the first time that Indian people guided the process to redesign a health care system that would work best for them.

The IHDT provided specific recommendations for how the IHS should organize and function. The recommendations outlined a new way of doing business. The emphasis in the first set of IHDT recommendations was on relinquishing paternalistic controls in favor of providing essential support services to Indian health programs at the area and community level. Shifting bureaucratic authorities, staff, and resources outward through the organization was a key feature of the design. The goal was to further empower local leadership to better adapt the health delivery programs to the widely varying conditions and health needs found among Indian communities.

The majority of IHDT recommendations have been implemented throughout the IHS during the past six years. The Agency has made great strides in streamlining both functions and staffing through its redesign efforts. However, the environment is never static. Both the Indian health system and the external operating environment have evolved since the original IHDT recommendations were presented six years ago. The forces of change will continue to exert their influence on Indian health programs in coming years.

With the changes that have accumulated during the past six years, accelerating developments during 2001 and uncertain trends for the future comes a need to revisit plans for the Indian health system. For instance, the President's government-wide management agenda establishes new expectations for IHS. For these reasons, it is time for American Indian/Alaska Native people to once again address the structure and performance of the IHS and to strategically plan for the next five years.

B. DRAFT CHARGE

The overall charge is to identify changes to the design of the Indian health system that will best enable accessible and acceptable health care services for American Indians and Alaska Natives during the next five years.

In accomplishing the overall charge, identify design options and recommendations to address the following issues:

1. Forces in the operating environment expected for the next five years including:
 - growth and shifts in the Indian service population,
 - health care costs and economics,
 - IHS budget forecasts,
 - new legislative authorities or Indian health laws,
 - additional trends in Indian self-determination, and,
 - other forces that you may identify.
2. Reconsider the original guiding principles and nine design themes that shaped the first set of IHDT restructuring recommendations. See Tab A, Attachment 1: Guiding Principles and Attachment 2: Design Themes. Are these principles and themes adequate for the next five years? Also evaluate the extent to which IHDT I recommendations were successfully implemented and what should be done with any unimplemented recommendations.
3. Consider the current President's management agenda and the present cross-cutting restructuring initiatives of the Department of Health and Human Services (HHS). These initiatives include reducing the number of managers, reducing organizational layers, reducing time to make decisions, increasing span of control, and shifting employees to direct delivery roles where possible. Identify options and recommendations for addressing these restructuring proposals in IHS restructuring.
4. Consider expectations of Indian patients, communities, and leaders in your vision for how the Indian health care system should evolve during the next five years.

Assess options for addressing the above issues from a broad perspective considering representative views from throughout Indian country. Endeavor to recommend design changes to IHS that will advance the health of all Indian people. Please submit your Restructuring Initiative Workgroup report and recommendations to the Director, IHS, by June 1, 2002.

Before adopting any recommendation that significantly affects Indian health programs, the IHS may seek further review and comment directly from tribal leaders, various Indian health organizations, and Indian people.

C. WORKGROUP COMPOSITION AND PROCESS

The most essential feature of earlier IHDT design process was the partnership and participation of stakeholders in American Indian and Alaska Native health such as tribal leaders, IHS employees, and Indian people. This process has been further strengthened during recent years. Consequently, a key role of workgroup members is to guide the planning process, represent the broadest possible views from Indian country and leadership, and make certain that the process provides an opportunity for review and feedback.

1. The workgroup will include no more than 20 members. Following principles outlined in IHS' present consultation policy, the membership will be composed of:

- Twelve representatives from the ranks of tribal leaders recommended by the tribes in each of the twelve IHS Areas
 - Four representatives recommended from within each of the four national Indian organizations (National Indian Health Board, Tribal Self-Governance Advisory Committee, National Congress of American Indians, and the National Council of Urban Indian Health)
 - Three to four members to represent an IHS program focus, and IHS administrative focus, an employee/workforce focus, and possibly an ex-officio representative from HHS to advise the workgroup.
2. A tribal and a Federal workgroup member will serve as workgroup co-chairs in keeping with the partnership theme. The Director, IHS, will appoint the Federal co-chair and tribal workgroup members will elect the tribal co-chair. In addition to workgroup member responsibilities, the co-chairs are responsible for conducting workgroup meetings, assuring equal opportunity for expression of views from all workgroup members, assigning needed work to appropriate support staff, and for submitting the final report by June 1, 2002.
 3. A facilitator will be assigned to the workgroup and will have responsibility working with the co-chairs to assure issues are moved forward and considered in an open and fair manner. The facilitator will recommend a process and ground rules to the workgroup for adoption. Each meeting of the workgroup will also have a recorder to assure an accurate and prompt accounting of the proceedings of workgroup meetings.
 4. A meeting and work schedule will be determined at the first formal meeting of the workgroup. Logistical support for meetings will be provided or arranged through a contract by IHS Headquarters.
 5. Technical support staff will be assigned to the workgroup to prepare materials, conduct analyses, and draft proposals, papers, and reports for workgroup approval. Technically demanding work and analysis needed by the workgroup may be assigned to specialized ad-hoc staff (both tribal and Federal employees) when necessary. Technical support staff designated for the workgroup by the IHS is Cliff Wiggins, Rae Snyder, Dr. Terry Cullen, Nancy Miller-Korth, and Vic Mosser. Tribal support staff to the workgroup may be named by tribal workgroup members, if needed.
 6. To facilitate prompt availability of information to workgroup members, the IHS, tribal leadership, and the public, all workgroup documents will be posted on a website accessible from the internet. The workgroup technical support staff are responsible for maintaining the website including relevant IHS, HHS, and Office of Management and Budget (OMB) documents, workgroup updates, meeting schedules and summaries, design proposals and analyses, reports and recommendations. The website may be accessed in the National Programs and Initiatives section of the IHS website (www.ihs.gov).
 7. The workgroup's final report and recommendations to the Director will be presented and shared for tribal consultation as outlined in IHS Circular No. 2001-07, Tribal

D. PRODUCTS

Please submit a written report to the Director, IHS, by June 1, 2002. The workgroup's report should contain your assessment of the issues outlined in the section B above and in HHS and OMB directives on restructuring and workforce planning for FY 2002 and beyond.

Describe the design options you considered and the changes to IHS' organizational structure and functions that the workgroup recommends. The recommendations should address the Administration's management improvement initiatives, HHS restructuring activities and workforce planning; and, consideration of the IHS inherent authorities, functions, and activities to effectively carry out its responsibilities as a Federal agency in the HHS.

When recommending changes to IHS' organizational structure or functions also include:

1. Organizational charts showing:
 - Change from the baseline levels
 - Staffing structure
2. Estimates for costs and/or savings:
 - First year
 - Over 5 years from implementation
3. Human Resources management tools and flexibilities needed to implement
4. Timetable for implementation actions
5. Anticipated improvements resulting from the changes
 - Work processes that can be accomplished by the proposal
 - By fiscal year
 - Means for measuring progress

E. BUDGET

The budget for conducting activities of the workgroup is \$175,000. The budget is intended to reimburse travel and per diem costs of workgroup members, any tribal technical support staff performing specialized work for the workgroup, and for the logistical costs of meetings. Because this budget is limited, the workgroup should take reasonable measures to economize. The workgroup may seek additional technical assistance and support from Headquarters and Area offices, although requests for support should be coordinated through the Office of the Director to ensure that no one organizational unit is overburdened.